KOLAR Document ID: 1565167

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

# WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Address 1:	OPERATOR: License #	API No.:
Address 2:	Name:	Spot Description:
City:	Address 1:	SecTwpS. R East West
Contact Person:	Address 2:	Feet from North / South Line of Section
Designate Type of Completion:   Designate Type of Completion	City: State: Zip: +	Feet from _ East / _ West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	□NE □NW □SE □SW
Name:	CONTRACTOR: License #	GPS Location: Lat: . Long:
Designate Type of Completion:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion:   New Well		County:
New Well		Lease Name: Well #:
Oil		Field Name:
Gas		Producing Formation:
OG		Elevation: Ground: Kelly Bushing:
GM (Coal Bed Methane)		Total Vertical Depth: Plug Back Total Depth:
Cathodic   Other (Core, Expl., etc.):   Multiple Stage Cementing Collar Used?   Yes   No		
If Workover/Re-entry: Old Well Info as follows:		
Operator:         Well Name:         If Alternate II completion, cement circulated from:		
Well Name: Original Total Depth: feet depth to: w/ sx cmt.  Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt.  Deepening	•	
Original Comp. Date: Original Total Depth: Deepening	Operator:	
Deepening Re-perf. Conv. to EOR Conv. to SWD   Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)  Commingled Permit #: Dual Completion Permit #: Dewatering method used: De	Well Name:	feet depth to: w/ sx cmt.
Plug Back       Liner       Conv. to GSW       Conv. to Producer       (Data must be collected from the Reserve Pit)         Commingled       Permit #:	Original Comp. Date: Original Total Depth:	
Commingled Permit #:	☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	
Dual Completion Permit #:	☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Dual Completion Permit #: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: License #: Quarter Sec Twp S. R East West	Commingled Parmit #	Chloride content: ppm Fluid volume: bbls
SWD         Permit #:		Dewatering method used:
EOR         Permit #:         Operator Name:		Location of fluid disposal if hauled offsite:
GSW		Econion of haid disposal in fladied choice.
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R. East West		Operator Name:
Spud Date or Date Reached TD Completion Date or ———————————————————————————————————	<u> </u>	Lease Name: License #:
	Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
	- P	County: Permit #:

#### **AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

**Submitted Electronically** 

KCC Office Use ONLY						
Confidentiality Requested						
Date:						
Confidential Release Date:						
Wireline Log Received Drill Stem Tests Received						
Geologist Report / Mud Logs Received						
UIC Distribution						
ALT I II Approved by: Date:						

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#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[	Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Ca Plug Back	Top	Bottom	туре	ype of Cement # Sacks Used		Type and Percent Additives				
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping  Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole				nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion				
Operator	Northern Lights Oil Company, LLC				
Well Name	KEENAN 3				
Doc ID	1565167				

## Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
4	4484	4488			300 GAL MCA, 750 GAL 15% NE
4	4346	4352			300 GAL MCA, 750 GAL 15% FE
4	4298	4300			300 GAL MCA
4	4208	4216			300 GAL MCA, 750 GAL 15% NE
4	4064	4066			400 GAL MCA 2%MS, 1000 GAL 15% NE
4	4080	4086			300 GAL MCA 2% MS
4	4370	4374			300 GAL MCA, 750 GAL 15% NE
4	4072	4074			300 GAL MCA 3 % MS

Form	ACO1 - Well Completion				
Operator	Northern Lights Oil Company, LLC				
Well Name	KEENAN 3				
Doc ID	1565167				

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	24	254	60/40 POZ	3% CC, 2% GEL
Production	7.825	5.5	14	4619	60/40 POZ	8%gel, 1/4#floseal